Changing America's Healthcare Narrative Towards A Preferred Future:

Provider Perspective on Health Information Technology Connectivity and Interoperability

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> *"Every system is perfectly designed to get the results it gets."*
>
> - W. Edwards Deming

P + RC + W = KE

Problem RootCause Workaround Known Error

"Mathematical" definition of Known Error

We Can Change Our World by:

Staying Proximal to the Problem,
Remaining Hopeful,
Changing the Narrative, and
Being Willing to Get Uncomfortable.

-Bryan Stevenson, "Just Mercy"

THE WRIGHT CENTER for COMMUNITY HEALTH

THE WRIGHT CENTER for GRADUATE MEDICAL EDUCATION

OUR MISSION:

To improve the health and welfare of our community through inclusive and responsive health services and the sustainable renewal of an inspired, competent workforce that is privileged to serve

OUR VISION:

To integrate patient care delivery, workforce development and innovation to be the leading model of primary healthcare in America

Bringing Proximity: Problematic Patient-Provider Stories that Spotlight Lessons

Elusive Data: 17 Patients of The Wright Center for Community Health's PA Opioid COE Died

We found out cause of death through social media. Propagating myths that HIT Connectivity and Interoperability are not possible despite a very successful investment in EMR MU and highly-effective e-prescribing medication data banks and the PDMP is very disappointing. Exceptions to these systems are dangerous. Citing confidentiality barriers rather than emphasizing free-flowing sharing of health information for the purpose of care makes no sense.

Adverse Effects Reporting Omissions: Two unrelated patients present for COVID-19 vaccine and subsequently develop a serious cardiomyopathy

The absence of a COVID-19 national vaccine registry linked to EMRs is an enormous missed opportunity that is undermining public and even some providers' trust in the safety and efficacy of vaccines. This will propagate and agitate vaccine hesitancy.

Brilliant Vision for a Pennsylvania COVID-19 Vaccination Initiative

was courageously launched on an honor system leveraging a recently-exercised statewide platform to address the opioid crisis that was beginning to bend the death curve… *so what went wrong?*

Expecting and promoting the power of an inclusive, locally implemented, risk-stratified vaccine initiative, The Wright Center joined the COVID-19 response as a PCMH, offering vaccinations in the context of an EHR and HIE enabled visit-based strategy. This is the story of a failed public health experiment of a primary care idealist for another day.

Understanding specific challenges experienced illuminates consequences of:

- Decades of national, state and local under-resourcing and understaffing public health infrastructure
- State-specific fragmentation of DHS/Medicaid and DOH
- PROMISe/PA HIE/SEDH and DOH HIT platforms lack connectivity and interoperability
- Pennsylvania lacks authority to declare a Public Health Emergency (4th and 14th Renewal of 90-day Disaster Declaration for COVID-19 and Opioid Crisis)

Lapses in Care Transitions: Patient suffers stroke after both COVID-19 vaccine doses Chasing information unavailable at point-of-care is dangerous, expensive, wasteful, frustrating and driving industry-wide exhaustion and burnout. Although both hospitals and PCMHs focus on care transitions linking care venues, adverse event reporting responsibility can get lost and is often delayed.

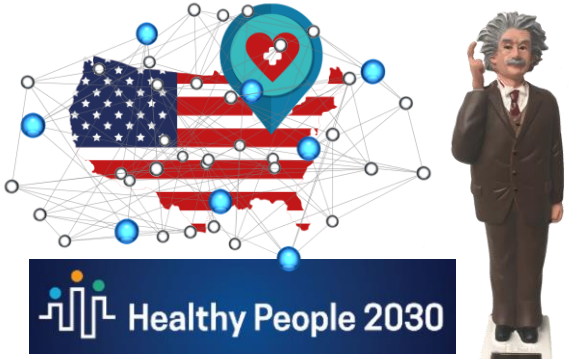
Neglectful Vaccine Reporting: Patient presenting after hospitalization and nursing home stay for second COVID-19 vaccine Not linking resource investments to mandatory data reporting at the primary source of care delivery is dangerous, enormously expensive, wasteful, frustrating and driving industry-wide exhaustion and burnout. It's the classic Tragedy of the Commons.

Hope-Inspiring Acceleration of Real Change through Evidence-Based Strategies

We should all take a deep breath and be "all in" supporting each other, grieving and emerging collectively more enlightened through this horrific traumatic pandemic. Learning and applying our lessons will have cascading benefits not only to prevent and respond to ongoing and future public health threats but to thrive as a country for future generations.

As a Nation, we need to:

- **Standardize** well-articulated, specifically defined, prioritized national healthcare delivery goals and Healthy People public health metrics
- **Link resource investments** to mandatory data reporting at the primary source of care delivery
- **Invest** in cross-cultural, high-impact leadership and cross cutting activities across agencies and stakeholders
- **Recognize and Replicate** EMR MU**,** PDMP and e-Prescribing historical achievements and avoid exceptions
- **Transform** rather than transfer ubiquitous trauma, while emerging resiliently through adversity rather than repeating massive historical tragedies like the Opiate and COVID-19 crises. Change can't be incremental.
- **Manage** the paradoxical, premise-level focus shift to a logical, disciplined, long-view investment in a prevention-focused, ONC HITECH "wired" platform that can be leveraged for a strategic, well-orchestrated, effective emergency response to any, but especially high consequence, national health and welfare threats



Stanford SOCIAL INNOVATION Review

5 Conditions of Collective Impact

Core Design Principles for Common Pool Resource Management

1. Strong group identity and sense of purpose
2. Fair distribution of costs and benefits
3. Fair and inclusive decision making
4. Monitoring agreed upon behaviors
5. Graduated sanctions for misbehaviors
6. Fast and fair conflict resolution
7. Authority to self-govern
8. Appropriate relations with other groups